

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** GREENCO HOUSE I (199018)  
**Address:** 2506 2508 16TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0092922      **End Date:** 06/30/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10010646    Served 07/15/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/12/2006	Yes
88.10(3)(b)	PRIVACY	07/12/2006	Yes

**Survey ID:** 0093095      **End Date:** 06/30/2004      **Type:** STANDARD      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008037    Served 09/11/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/12/2006	Yes
88.10(3)(b)	PRIVACY	07/12/2006	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID:** 0091923      **End Date:** 02/03/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007933    Served 02/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/30/2004	Yes
88.06(3)(f)	REVIEW OF ISP	06/30/2004	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
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<b>Date: 08/11/2004</b>	<b>SOD #10008037</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH REQUIREMENT

<b>Date: 07/19/2004</b>	<b>SOD #10010646</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

<b>Date: 02/06/2004</b>	<b>SOD #10007933</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Complaint History</b>
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**Date Complaint Received: 11/18/2003**

**Date Investigation Completed: 02/04/2004**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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